

EXHIBIT A

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

_____)	
IN RE PHARMACEUTICAL INDUSTRY)	
AVERAGE WHOLESALE PRICE)	M.D.L. No. 1456
LITIGATION)	
_____)	CIV. ACTION NO. 01-12257-PBS
)	
THIS DOCUMENT RELATES TO:)	
ALL ACTIONS)	
_____)	

CONSOLIDATED ORDER RE: MOTION FOR CLASS CERTIFICATION

January 30, 2006

Saris, U.S.D.J.

Pursuant to Fed. R. Civ. P. 23, plaintiffs have moved for an order certifying a class in this action. After considering the submissions of the parties and the record in this case, and after hearing on January 19, 2006, I order that plaintiffs' motion for class certification is **ALLOWED IN PART and DENIED IN PART** as to the claims asserted in the Third Amended Master Consolidated Class Action Complaint ("TAMCCAC"). The Court relies on the reasons stated in court and in In re Pharm. Indus. Average Wholesale Price Litig., 230 F.R.D. 61 (D. Mass. 2005). The classes are certified as follows:

I. CLASSES AND SUBCLASSES CERTIFIED

A. Class 1: Medicare Part B Co-Payment Class

1. Class Definition:

All natural persons nationwide who made, or who

incurred an obligation enforceable at the time of judgment to make, a co-payment based on AWP for a Medicare Part B covered Subject Drug¹ that was manufactured by AstraZeneca (AstraZeneca, PLC, Zeneca, Inc., AstraZeneca Pharmaceuticals L.P., and AstraZeneca U.S.), the BMS Group (Bristol-Myers Squibb Co., Oncology Therapeutics Network Corp., and Apothecan, Inc.), SmithKline Beecham Corporation d/b/a GlaxoSmithKline, or the Johnson & Johnson Group (Johnson & Johnson, Centocor, Inc., Ortho Biotech, McNeil-PPC, Inc., and Janssen Pharmaceutica Products, L.P.). Excluded from the Class are those who made flat co-payments, who were reimbursed fully for any co-payments, or who have the right to be fully reimbursed; and the residents of the states of Alabama, Alaska, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Montana, and Virginia (where consumer protection statutes do not permit class actions).

2. The Court certifies four Subclasses corresponding to each of the defendant groups.

3. The Court certifies the following plaintiffs as representatives of these Subclasses pursuant to Fed. R. Civ. P. 23(b)(3). Leroy Townsend (AstraZeneca); David and Susan Ruth Aaronson (GlaxoSmithKline, the BMS Group); Joyce Howe, individually and on behalf of the Estate of Robert Howe (AstraZeneca); James and Teresa Shepley (the Johnson & Johnson Group); Larry Young, individually and on behalf of the Estate of

¹ The Subject Drugs are identified in the Table of Subject Drugs found at the end of this Order. Defendants recently raised the issue that some drugs were improperly included. After conferring, the parties may move to strike drugs included in error.

Patricia Young (the Johnson & Johnson Group). The representative of a Subclass need only have paid for one of the Subject Drugs manufactured or marketed by a defendant group. I decline to certify a class of persons who made co-payments for drugs manufactured by the Schering Plough Group (Schering-Plough Corporation and Warrick Pharmaceuticals Corporation) because plaintiffs have not proposed any adequate and typical representatives of that proposed subclass.

4. The consumer protection act of each state shall apply to these Subclasses. Specifically, the Medicare Part B Co-payment Class is certified for claims under the following statutes:

(a) Ariz. Rev. Stat. § 44-1522, *et seq.*; (b) Ark. Code § 4-88-101, *et seq.*; (c) Cal. Bus. & Prof. Code §§ 17200, *et seq.*, 1770; (d) Colo. Rev. Stat. § 6-1-105, *et seq.*; (e) Conn. Gen. Stat. § 42-110b, *et seq.*; (f) 6 Del. Code § 2511, *et seq.*; (g) D.C. Code § 28-3901, *et seq.*; (h) Fla. Stat. § 501.201, *et seq.*; (i) Haw. Rev. Stat. § 480, *et seq.*; (j) Idaho Code § 48-601, *et seq.*; (k) 815 ILCS § 505/1, *et seq.*; (l) Ind. Code Ann. § 24-5-0.5.1, *et seq.*; (m) Kan. Stat. § 50-623, *et seq.*; (n) Md. Com. Law Code § 13-101, *et seq.*; (o) Mass. Gen. L. Ch. 93A, *et seq.*; (p) Mich. Stat. § 445.901, *et seq.*; (q) Minn. Stat. § 325F.67, *et seq.*; (r) Mo. Rev. Stat. § 407.010, *et seq.*; (s) Neb. Rev. Stat. § 59-1601, *et seq.*; (t) Nev. Rev. Stat. § 598.0903, *et seq.*;

(u) N.H. Rev. Stat. § 358-A:1, *et seq.*; (v) N.J. Stat. Ann. § 56:8-1, *et seq.*; (w) N.M. Stat. Ann. § 57-12-1, *et seq.*; (x) N.Y. Gen. Bus. Law § 349, *et seq.*; (y) N.C. Gen. Stat. § 75-1.1, *et seq.*; (z) N.D. Cent. Code § 51-15-01, *et seq.*; (aa) Ohio Rev. Stat. § 1345.01, *et seq.*; (bb) Okla. Stat. tit. 15 § 751, *et seq.*; (cc) Or. Rev. Stat. § 646.605, *et seq.*; (dd) 73 Pa. Stat. § 201-1, *et seq.*; (ee) R.I. Gen. Laws. § 6-13.1-1, *et seq.*; (ff) S.C. Code Laws § 39-5-10, *et seq.*; (gg) S.D. Code Laws § 37-24-1, *et seq.*; (hh) Tenn. Code § 47-18-101, *et seq.*; (ii) Tex. Bus. & Com. Code § 17.41, *et seq.*; (jj) Utah Code Ann. § 13-1 1-1, *et seq.*; (kk) Vt. Stat. Ann. tit. 9, § 245 1, *et seq.*; (ll) Wash. Rev. Code § 19.86.010, *et seq.*; (mm) W. Va. Code § 46A-6-101, *et seq.*; (nn) Wis. Stat. § 100.18, *et seq.*; and (oo) Wyo. Stat. § 40-12-100, *et seq.* Plaintiffs allege that they have complied with the notice provisions of all consumer protection acts requiring such notice.

5. This Class is certified pursuant to Fed. R. Civ. P. 23(b)(3).

B. Class 2: Third-Party Payor MediGap Supplemental Insurance Class

1. Class Definition:

All Third-Party Payors who made reimbursements for drugs purchased in Massachusetts, or who made reimbursements for drugs and have their principal place of business in Massachusetts, based on AWP

for a Medicare Part B covered Subject Drug that was manufactured by AstraZeneca (AstraZeneca, PLC, Zeneca, Inc., AstraZeneca Pharmaceuticals L.P., and AstraZeneca U.S.), the BMS Group (Bristol-Myers Squibb Co., Oncology Therapeutics Network Corp., and Apothecon, Inc.), SmithKline Beecham Corporation d/b/a GlaxoSmithKline, the Johnson & Johnson Group (Johnson & Johnson, Centocor, Inc., Ortho Biotech, McNeil-PPC, Inc., and Janssen Pharmaceutica Products, L.P.), or the Schering Plough Group (Schering-Plough Corporation and Warrick Pharmaceuticals Corporation).

2. The Court certifies five Subclasses corresponding to each of the defendant groups.

3. The Court certifies plaintiffs Blue Cross/Blue Shield of Massachusetts and Sheet Metal Workers National Health Fund as the representatives for this Class.

4. The claims for this Class are certified under Mass. Gen. Laws ch. 93A.

5. This Class is certified pursuant to Fed. R. Civ. P. 23(b)(3).

C. Class 3: Consumer and Third-Party Payor Class for Medicare Part B Drugs Outside of the Medicare Context.

1. Class Definition:

All natural persons who made or who incurred an obligation enforceable at the time of judgment to make a payment for purchases in Massachusetts, all Third-Party Payors who made reimbursements based on contracts expressly using AWP as a pricing standard for purchases in Massachusetts, and all Third-Party Payors who made reimbursements based on contracts expressly using AWP as a pricing standard and have their principal place of

business in Massachusetts, for a physician-administered Subject Drug that was manufactured by AstraZeneca (AstraZeneca, PLC, Zeneca, Inc., AstraZeneca Pharmaceuticals L.P., and AstraZeneca U.S.), the BMS Group (Bristol-Myers Squibb Co., Oncology Therapeutics Network Corp., and Apothecon, Inc.), SmithKline Beecham Corporation d/b/a GlaxoSmithKline, the Johnson & Johnson Group (Johnson & Johnson, Centocor, Inc., Ortho Biotech, McNeil-PPC, Inc., and Janssen Pharmaceutica Products, L.P.), or the Schering Plough Group (Schering-Plough Corporation and Warrick Pharmaceuticals Corporation). Included within this Class are natural persons who paid coinsurance (i.e., co-payments proportional to the reimbursed amount) for a Subject Drug purchased in Massachusetts, where such coinsurance was based upon use of AWP as a pricing standard. Excluded from this Class are any payments or reimbursements for generic drugs that are based on MAC and not AWP.

2. The Court certifies five Subclasses corresponding to each of the defendant groups.

3. The Court certifies plaintiff Pipefitters Local 537 Trust Funds and Blue Cross/Blue Shield of Massachusetts as the representatives for this Class pursuant to Fed. R. Civ. P. 23(b)(2) and 23(b)(3). The Court also certifies Health Care For All as the representative for this Class pursuant to Fed R. Civ. P. 23(b)(2).

4. The claims for this Class are certified under Mass. Gen. Laws ch. 93A.

II. CLASSES NOT CERTIFIED

1. With respect to Class 2, plaintiffs have not submitted

an adequate analysis of the feasibility of a nationwide class of Third-Party Payors. Therefore, the Court declines at this time to certify this Class under the consumer protection laws of states other than Massachusetts. However, this denial is without prejudice.

2. With respect to Class 3, the Court declines at this time to certify this Class under the consumer protection laws of states other than Massachusetts. However, this denial is without prejudice.

3. The Court declines to certify a class of persons or Third-Party Payors who made payments or reimbursements for self-administered drugs not appearing in the appended Table of Subject Drugs. This denial is with prejudice.

III. MISCELLANEOUS

1. The Class Period for Class 1 and Class 2 is January 1, 1991 to January 1, 2005. The class period for Class 3 is January 1, 1991 to the present.

2. Excluded from these Classes are: any subsidiaries or affiliates of defendants; the officers and directors of defendants during the Class Period; members of defendants' immediate families; any person, firm, trust, corporation, officer, director, or any individual or entity in which any defendant has a controlling interest or which is related to, or

affiliated with, any defendant; the legal representatives, agents, affiliates, heirs, successors-in-interest, or assigns of any such excluded parties and governmental entities.

3. Pursuant to Fed. R. Civ. P. 23(g), the Court appoints the following firms as Co-Lead Counsel: Hagens Berman Sobol Shapiro LLP; Spector Roseman & Kodroff, P.C.; Hoffman & Edelson; The Wexler Firm; and Kline & Specter.

4. The "Together Rx" claims are not certified because they are dismissed without prejudice by the filing of the TAMCCAC.

5. The Court retains the discretion under Rule 23 to modify this Order. Modifications may include adding new class representatives, striking existing class representatives, and striking drugs from the Table of Subject Drugs.

6. The Court declines to certify issues for an interlocutory appeal pursuant to 28 U.S.C. § 1292(b) or to recommend appeal pursuant to Fed. R. Civ. P. 23(f).

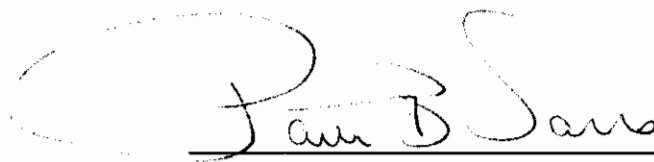

PATTI B. SARIS
United States District Judge

TABLE OF SUBJECT DRUGS

AstraZeneca

<u>NDC</u>	<u>Description</u>
00186198804	PULMICORT RESPULES 60 mls 2 X 30.25mg/2mL
00186198904	PULMICORT RESPULES 60 mls 2x30 .5mg/2mL
00310096036	Zoladex 3.6mg 1x1EA Depot
00310096130	Zoladex 10.8mg 1x1EA Depot
00310095130	Zoladex 10.8mg 1x1EA Depot
00310095036	Zoladex 3.6mg 1x1EA Depot

BMS Group

<u>NDC</u>	<u>Description</u>
00015301026	BLENOXANE INJ 15 UNIT VHA
00015301020	BLENOXANE INJ 15 UNIT VL
00015306326	BLENOXANE INJ 30 UNIT VHA
00015306301	BLENOXANE INJ 30 UNIT VL
00590032435	COUMADIN INJ 5MG VIAL
00015053910	CYTOXAN 100MG LYOPH W/CYT
00015054812	CYTOXAN 1G 6X50ML VHA+
00015054810	CYTOXAN 1GM LYOPH W/CYTOG
00015054610	CYTOXAN 200MG LYOPH W/CYT
00015054912	CYTOXAN 2G 6X100ML VHA+
00015054910	CYTOXAN 2GM LYOPH W/CYTOG
00015054710	CYTOXAN 500MG LYOPH W/CYT
00015050001	CYTOXAN FOR INJ 100 MG
00015050041	CYTOXAN INJ 100MG
00015050641	CYTOXAN INJ 1X2GM VIAL
00015050241	CYTOXAN INJ 1X500MG VIAL
00015050141	CYTOXAN INJ 200MG
00015054712	CYTOXAN LYO 500MG VL VHA
00015054741	CYTOXAN LYOPH 500MG
00015053941	CYTOXAN LYOPHILIZED 100MG
00015054841	CYTOXAN LYOPHILIZED 1GM
00015054641	CYTOXAN LYOPHILIZED 200MG
00015054941	CYTOXAN LYOPHILIZED 2GM
00015050541	CYTOXAN PINJ 1X1G VIAL
00015050303	CYTOXAN TABLETS 50 MG
00015050302	CYTOXAN TABLETS 50MG
00015050401	CYTOXAN TABS 25MG
00015050301	CYTOXAN TABS 50MG
00015050348	CYTOXAN TABS 50MG
00015340420	ETOPOPHOS 100MG VIAL
00015321429	PARAPLATIN 10X15ML VHA+
00015321529	PARAPLATIN 10X45ML VHA+
00015321329	PARAPLATIN 10X5ML VHA+
00015321410	PARAPLATIN 150MG LYOPH CY
00015321430	PARAPLATIN 1X150MG LYO VL
00015321530	PARAPLATIN 1X450MG LYO VL
00015321510	PARAPLATIN 450MG VL W/CYT
00015321330	PARAPLATIN 50MG LYOPHILIZ
00015321310	PARAPLATIN 50MG W/CYTO
00015335322	RUBEX 100 MG LYOPHILIZED
00015335324	RUBEX 100MG IMMUNEX LABEL
00015335124	RUBEX 10MG IMMUNEX LABEL
00015335122	RUBEX 10MG LYOPHILIZED
00015335224	RUBEX 50MG IMMUNEX LABEL
00015335222	RUBEX 50MG LYOPHILIZED
00015347630	TAXOL 100MG INJ MULTIDOSE
00015347627	TAXOL 100MG SEM-SYN VIAL
00015347620	TAXOL 100MG/16.7ML VHA+ L
00015347911	TAXOL 300MG/50ML VIAL
00015345620	TAXOL 30MG CONC FOR INJ

00015347530	TAXOL 30MG INJ MULTIDOSE
00015347527	TAXOL 30MG SEM-SYN VIAL
00015347520	TAXOL 30MG/5ML VHA+ LABEL
00015309510	VEPESID 100MG VIAL W/CYTO
00015309530	VEPESID 100MG VL W/O CYTO
00015306224	VEPESID 1G 50ML VIAL VHA+
00015306220	VEPESID 1GM/50ML
00015306120	VEPESID 500MG
00015306124	VEPESID 500MG 25ML VL VHA
00015309145	VEPESID 50MG CAPSULES
00015309520	VEPESID INJ 100MG/5ML
00015308420	VEPESID INJ 150MG/7.5ML

SmithKline Beecham Corporation d/b/a GlaxoSmithKline

NDC	Description
00173013093	ALKERAN I.V. INJ 50 MG
00173004535	ALKERAN TAB 2MG 50S
00173044902	IMITREX INJ 0.5ML 12MG/ML 5S VIALS
00173044901	IMITREX INJ 12MG/ML 0.5ML 2S PFLD SRNG
00173044903	IMITREX INJ 12MG/ML 0.5ML 2S KIT,SELFDOSE
00173047900	IMITREX INJ 12MG/ML STAT DOSE KIT
00173047800	IMITREX INJ 12MG/ML STAT DOSE RFL 2'S
00173403291	IMITREX SELFDOSE SYSTEM SELFDOSE UNIT/C
00173408367	ITMD ZOVIRAX STERILE POWDER 1000MG (BWV9
00029415105	KYTRIL 1 MG TABS 20'S SUP
00029415139	KYTRIL 1MG TABS 2'S
00029415201	KYTRIL 1MG/ML INJECTION 4ML VIAL
00029414975	KYTRIL INJ SGL DOSE VIAL 1MG/ML VHA
00029414901	KYTRIL INJ SINGLE DOSE VIAL 1MG/ML
00173026010	LANOXIN INJ 0.5MG -PART 1.00
00173026035	LANOXIN INJ 0.5MG 2ML 50S
00173026210	LANOXIN INJ PEDIATRIC 0.1MG/ML
00173026015	LANOXIN INJECTION -PART 1.00
00173026055	LANOXIN INJECTION -PART 1.00
00173071325	MYLERAN TAB 2MG 25S
00173065601	NAVELBINE INJ 10MG 1ML
00173065644	NAVELBINE INJ 50MG 5ML
00173010793	RETROVIR IV INF 10MG/ML 20ML 10
00173041900	VENTOLIN NEB SOL INH 0.083% 3ML 25S
00173041901	VENTOLIN NEB SOL INH 0.083% 3ML 5S S
00173038501	VENTOLIN SOL INH 0.5% 5MG/ML 10ML
00173038558	VENTOLIN SOL INH 0.5% 5MG/ML 20ML
00173044200	ZOFRAN INJ 2MG/ML 20ML
00173044202	ZOFRAN INJ 2MG/ML 2ML 5S
00173046100	ZOFRAN INJ PRMXD 32MG/50ML
00173046200	ZOFRAN INJ PRMXD 4MG/50ML
00173056900	ZOFRAN ODT 4MG 5X2 30S
00173057004	ZOFRAN ODT 8MG 5X2 10'S
00173057000	ZOFRAN ODT 8MG 5X2 30S
00173048900	ZOFRAN ORAL SOL 4MG/5ML 50ML
00173068000	ZOFRAN TAB 24MG 1S
00173044601	ZOFRAN TAB 4MG 100S
00173044602	ZOFRAN TAB 4MG 100S UD
00173044600	ZOFRAN TAB 4MG 30S
00173044604	ZOFRAN TAB 4MG 3S
00173044701	ZOFRAN TAB 8MG 100S
00173044702	ZOFRAN TAB 8MG 100S UD
00173044700	ZOFRAN TAB 8MG 30S
00173044704	ZOFRAN TAB 8MG 3S
00173095201	ZOVIRAX FOR INJECTION 1000MG 20ML 10S ©
00173099501	ZOVIRAX FOR INJECTION 500MG 10ML 10S (C#

Johnson & Johnson Group

<u>NDC</u>	<u>Description</u>
57894003001	C168J REMICADE 1PCK
59676031201	PROCRIT 10,000 U/ML
59676031002	PROCRIT 10000 U
59676031001	PROCRIT 10000 U/ML
00062740103	PROCRIT 10000U/ML AMG
59676032001	PROCRIT 20,000 U/ML
59676030202	PROCRIT 2000 U/
59676030201	PROCRIT 2000 U/ML 6
00062740201	PROCRIT 2000U/ML AMG
59676030302	PROCRIT 3000 U/
59676030301	PROCRIT 3000 U/ML 6
00062740503	PROCRIT 3000 U/ML INST
00062740501	PROCRIT 3000U/ML AMG
59676030402	PROCRIT 4000 U/
59676030401	PROCRIT 4000 U/ML 6
00062740004	PROCRIT 4000 U/ML INST
59676034001	PROCRIT 40000 U/ML
00062740003	PROCRIT 4000U/ML AMG
00062542307	PWRWNG PERMANEN

Schering Plough Group

<u>NDC</u>	<u>Description</u>
59930151504	ALBUTEROL INHALATION SOLUTION
59930164702	ALBUTEROL INHALATION SOLUTION
59930150006	ALBUTEROL SULFATE INHAL. SOL.
59930150008	ALBUTEROL SULFATE INHAL. SOL.
59930151701	ALBUTEROL SULFATE SOLUTION
59930151702	ALBUTEROL SULFATE SOLUTION
59930155020	ALBUTEROL SULFATE SOLUTION
00085113601	INTEGRILIN
00085117701	INTEGRILIN
00085117702	INTEGRILIN
00085123501	INTRON A FOR INJ MULTIDOSE PEN
00085124201	INTRON A FOR INJ MULTIDOSE PEN
00085125401	INTRON A FOR INJ MULTIDOSE PEN
00085116801	INTRON A INJ 18MIU HSA FREE
00085113301	INTRON A INJ 25MIU HSA FREE
00085118401	INTRON A INJ 3MIU HSA FREE
00085118402	INTRON A INJ 3MIU HSA FREE
00085119101	INTRON A INJ 5MIU HSA FREE
00085119102	INTRON A INJ 5MIU HSA FREE
00085117901	INTRON A INJ PAK10MIU HSA FREE
00085117902	INTRON A INJ PAK10MIU HSA FREE
00085057102	INTRON A INJECTABLE 10MILLN IU
00085057106	INTRON A INJECTABLE 10MILLN IU
00085111001	INTRON A INJECTABLE 18MILLN IU
00085028502	INTRON A INJECTABLE 25MILLN IU
00085064703	INTRON A INJECTABLE 3MILLN IU
00085064704	INTRON A INJECTABLE 3MILLN IU
00085064705	INTRON A INJECTABLE 3MILLN IU
00085012002	INTRON A INJECTABLE 5 MILLN IU
00085012003	INTRON A INJECTABLE 5 MILLN IU
00085012004	INTRON A INJECTABLE 5 MILLN IU
00085012005	INTRON A INJECTABLE 5 MILLN IU
00085053901	INTRON A INJECTABLE 50MILLN IU
00085068901	INTRON A INJECTION 18 MIU
00085092301	INTRON A SOL FOR INJ 10 MILLI
00085076901	INTRON A SOL. FOR INJ. 25MILLN
00085095301	INTRON A SOLUTION 18MIU 3ML
59930160001	PERPHENAZINE
59930160002	PERPHENAZINE
59930161001	PERPHENAZINE 16MG
59930160501	PERPHENAZINE 8MG
59930160502	PERPHENAZINE 8MG
59930160301	PERPHENAZINE TABLETS
59930160302	PERPHENAZINE TABLETS
00085133601	PROVENTIL INHALATION SOLUTION
00085020901	PROVENTIL SOLUTION .083MG/ML
00085180601	PROVENTIL SOLUTION .083MG/ML
00085020802	PROVENTIL SOLUTION 5MG/ML
00085020852	PROVENTIL SOLUTION 5MG/ML
00085125901	TEMODAR 100MG

00085125902	TEMODAR 100MG
00085124401	TEMODAR 20MG
00085124402	TEMODAR 20MG
00085125201	TEMODAR 250MG
00085125202	TEMODAR 250MG
00085124801	TEMODAR 5MG
00085124802	TEMODAR 5MG